



Specialty Independent Review Organization, Inc.

May 8, 2006

DWC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient: ____
DWC #: ____
MDR Tracking #: M2-06-1172-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The TDI-Division of Workers' Compensation has assigned this case to Specialty IRO for independent review in accordance with DWC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Doctor of Osteopathy with a specialty in Orthopedics. The reviewer is on the DWC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

This 46-year-old male was injured _____. The patient was lifting buckets of dirt out of a ditch when he felt a sharp severe pain in his low back. He was initially evaluated by the company physician and received medications and physical therapy. Patient was released back to work but pain has continued. Patient has been unable to return to full duty or normal daily activities due to the continued low back pain. The patient has also received chiropractic treatments without any relief.

Primary complaint is low back pain radiating down the right lower extremity. Patient has a radiculopathy of L5 on the right.

Physical examination reveals: moderate spasm in the low back, straight leg raise positive on the right at 45 degrees, Valsalva test is positive, decreased sensation of the right L5 nerve root. The range of motion is restricted in flexion of 35, extension 15, and side bending 15 degrees left and right.

The MRI of 01/29/2003 reveals the following: At L3-4 a diffuse disc bulge flattening the thecal sac with mild narrowing of the right foramen, L4-5 reveals a PNP, and L5-S1 shows a degenerated disc with facet hypertrophy.

The CT Scan on 02/10/2006 reveals a mild disc bulge at L3-4, 4-5, and 5-S1. Myelogram was unremarkable.

RECORDS REVIEWED

IntraCorp, Letters: 3/3 and 3/22/2006.

Records from Doctor/Facility:

C Merritt DC, Reports: 2/12/2003 through 8/23/2005.

Records from Carrier:

R LeGrand MD, Reports: 1/12 and 2/23/2006.

E Shell MD, Mylo/CT: 2/10/2006.

J Remkus MD, MRI: 1/29/2003.

C Weber MD, Report: 11/16/2005.

REQUESTED SERVICE

The item in dispute is the prospective medical necessity of a lumbar discogram with post CT scan.

DECISION

The reviewer disagrees with the previous adverse determination.

BASIS FOR THE DECISION

The reviewer states that this patient has had pain in the low back with radicular symptoms since _____. There is confusion with the various diagnostic tests. The CT Scan shows disc bulging but the MRI shows a degenerated disc at L5-S1 and a PNP at L4-5. The patient has not improved with four years of conservative care. The medical necessity for further evaluation of the pain generator is with a lumbar discogram/post CT scan.

REFERENCES

Kaplan, Helms, et al: Musculoskeletal MRI.

Latchaw, et al: Imaging of the Nervous System.

Bucholz: Orthopedic Decision Making, 2nd Edition.

American Society of Interventional Pain Physicians, Practice Guidelines, 2001.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that the reviewing provider has no known conflicts of interest between that provider and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for decision before referral to the IRO.

Sincerely,

Wendy Perelli, CEO

Your Right To Appeal

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.

Sincerely,

Wendy Perelli, CEO

I hereby certify, in accordance with DWC- Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the Division via facsimile, U.S. Postal Service or both on this 8th day of May 2006

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli